

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 FOREST AVENUE		
(c) City, State and ZIP Code DES MOINES IA 50311		3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)		C C90013897

Three digital displays showing the date 01/15/2016 in MM/DD/YYYY format. The first display shows '01' under 'MM', the second shows '15' under 'DD', and the third shows '2016' under 'YYYY'.

6. TOTAL CONTRIBUTIONS.....	.00
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7. TOTAL INDEPENDENT EXPENDITURES	1925.74
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01/19/2016

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Adam Mason

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

357.00

Transaction ID : F57.000001

Purpose of Expenditure
staff time, voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

3968.81

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

91.45

Transaction ID : F57.000002

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

4060.26

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Hugh Espey

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

743.82

Transaction ID : F57.000003

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

4804.08

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1192.27

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Katie Bryan		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 2001 Forest Ave		Amount 94.78	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4898.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 2001 Forest Ave		Amount 182.63	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5081.49		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Elizabeth Blind		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 2001 Forest Ave		Amount 54.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5135.49		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	331.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Sharon Zanders-Ackiss

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

119.46

Transaction ID : F57.000007

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

5254.95

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Madeline Cano

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

36.00

Transaction ID : F57.000008

Purpose of Expenditure
staff time, voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

5290.95

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Nathan Malachowski

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

172.00

Transaction ID : F57.000009

Purpose of Expenditure
staff time, voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

5462.95

Disbursement For:
2016☒

Primary

☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

327.46

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 5
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NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Jessica Mazour

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

38.60

Transaction ID : F57.000010

Purpose of Expenditure
staff time, voter contactCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

5501.55

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Emily Schott

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 19 / 2016

Mailing Address 2001 Forest Ave

Amount

36.00

Transaction ID : F57.000011

Purpose of Expenditure
staff time, voter contactCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

5537.55

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 74.60

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 1925.74
(carry total from last page forward to Line 7)